

APPENDIX A

UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF LOUISIANA

APPLICATION FOR USE  
OF ELECTRONIC CASE FILING SYSTEM

☐ Original

☐ Amended

NAME: \_\_\_\_\_

☐ ATTORNEY

☐ TRUSTEE

☐ CREDITOR

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

FIRM PACER ID # \_\_\_\_\_

BAR ID #: \_\_\_\_\_ STATE OF \_\_\_\_\_

Training in the Western District of Louisiana is required before access is permitted to the Electronic Case Filing System unless previously certified in the Eastern or Middle District of Louisiana. Verification with the applicable district must be provided before access will be permitted. Please select one of the following court offices in which you received your training:

☐ Shreveport

☐ Alexandria

☐ Lafayette

☐ Lake Charles

☐ Eastern District of Louisiana

☐ Middle District of Louisiana

1. ***Pro Hac Vice Application:*** I affirm that I am admitted to practice in the United States Courts for the \_\_\_\_\_ District of \_\_\_\_\_ (applicable state) and the information set forth above is true and correct.

2. **Claims or Other Limited Use Application:** I affirm that I am authorized to prepare and file Proofs of Claim, Application(s) To Withdraw Unclaimed Funds, Notice(s) of Appearance, Assignment of Claim(s), Transfer of Claim(s), and/or am authorized to execute and submit Reaffirmation Agreement(s) on behalf of \_\_\_\_\_.

(attach separate sheet if necessary)

3. I understand that use of my password to file a document in a bankruptcy case or proceeding will constitute my signature upon the document and my signing of any proofs of claim or other papers or documents filed by use of the password obtained pursuant to this Application.
4. I understand that it is my responsibility to maintain in my records all documents bearing my original signature that are filed using my password, and all documents bearing the original signature of any signer on whose behalf I file the documents using my password, for a period of five (5) years after the case or proceeding in which the papers are filed has been closed.
5. I understand that it is my responsibility to protect and secure the confidentiality of my password. If I believe that my password has been compromised, it is my responsibility to notify the court in writing, immediately.
6. I understand that it is my responsibility to notify the court, immediately, of any change in my address, telephone number, fax number, or e-mail address.
7. At this time, the requirements for filing, viewing and retrieving case documents are:
  - ✧ A personal computer with a standard operating system (i.e., Windows 95 or higher or Macintosh)
  - ✧ Internet access\*
  - ✧ Netscape Navigator 4.6 or 4.7 or Internet Explorer 5.5
  - ✧ Adobe Acrobat and Exchange software \*\*
  - ✧ Windows or Macintosh based petition and word processing software
  - ✧ A scanner for documents which are not in your word processor or petition software

**Notes:**

- \* High speed Internet access is recommended, but **NOT** required. (i.e., cable modems, DSL, etc.)
- \*\* Adobe Acrobat is needed. Be sure not to confuse Adobe Acrobat with Adobe Acrobat Reader. You will need to view **AND** create .pdf files. The Reader version of Acrobat will not allow you to create .pdf files, only to read and view them. You can find descriptions of the procedures at **[http: www.adobe.com](http://www.adobe.com)**

**DO NOT** use (AOL) American Online's version of Netscape Navigator, or a version of Navigator lower than 3.0.

I agree to adhere to court procedures for the Electronic Case Filing System. I understand that it is my responsibility to learn and use any and all updates to the Electronic Case Filing System procedures.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Please return to:**      **United States Bankruptcy Court**  
                                 **United States Court House**  
                                 **300 Fannin Street, Ste. 2201**  
                                 **ATTN: MITZIE DENIS**  
                                 **Shreveport, Louisiana 71101**

***PLEASE DO NOT WRITE BELOW THIS LINE***

\_\_\_\_\_  
**FOR OFFICIAL COURT USE ONLY**  
\_\_\_\_\_

**DATE ECF TRAINING:** \_\_\_\_\_ **DATE COMPLETED:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**LOGIN:** \_\_\_\_\_

**PASSWORD:** \_\_\_\_\_